

LOGGED

JUL 24 2018

Clerk, U.S. District Court
District Of Montana
Great Falls

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA

Great Falls DIVISION
(You must fill in this blank. See Instruction H)

Alex Dean Hamilton

(Write the full name of the plaintiff who is filing this
complaint and prisoner number, if any.)

Plaintiff,

-against-

Detective Jesse Slaughter, City of
Great Falls, Planned Parenthood, Cascade
County of Montana and Great Falls Tribune

(Write the full name(s) of each defendant who is
being sued. If the names of all the defendants cannot
fit in the space above, please write "see attached" in
the space and attach an additional page with the full
list of names. The names listed in the above caption
must be identical to those contained in Section IV.
Do not include addresses here and do not use et al.)

Defendants.

Case No. _____
(to be filled in by the Clerk's Office)

COMPLAINT
(Pro Se Prisoner)

Jury Trial Demanded: ☒ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

Prisoner Complaint Form

Plaintiff's Last Name Hamilton

(Revised May 2017)

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INSTRUCTIONS

1. Use this form to file a civil complaint with the United States District Court for the District of Montana. Include only counts/causes of action and facts – not legal arguments or citations. You may attach additional pages where necessary. Your complaint must be typed or legibly handwritten in ink and on white paper. Write on only one side of the paper. Do not use highlighters and do not staple or otherwise bind your papers. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). You must sign the complaint (see page 8). Your signature need not be notarized but it must be an original and not a copy. The Clerk's Office cannot provide you copies of documents in your file without prepayment of \$0.10 per page (for documents electronically available) or \$0.50 (for documents not electronically available). Please keep a copy of the documents you send to the Court.
2. The filing fee for a complaint is \$350.00 plus a \$50.00 administrative fee for a total of \$400.00. This amount is set by Congress and cannot be changed by the Court. If you pay the filing fee, you will be responsible for serving the complaint on each defendant and any costs associated with such service.
3. If you are unable to prepay the entire filing fee and service costs for this action, you may file a motion to proceed in forma pauperis. If you are a prisoner and your motion to proceed in forma pauperis is granted, the Court will assess an initial partial filing fee equal to 20% of the average monthly deposits to your prison account for the six months immediately preceding the filing of the action, or 20% of the average monthly balance in your prison account for the same six-month period, whichever is greater. Thereafter, the balance of the \$350.00 filing fee will be collected in installments equal to 20% of your preceding month's income any time the amount in your account exceeds \$10.00. The \$50.00 administrative fee does not apply to persons granted *in forma pauperis* status. You will be required to continue making these payments even if your complaint is dismissed.
4. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee must be reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). The Court will dismiss your complaint before it is served on the defendants if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief may be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages. After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.

Plaintiffs should not serve defendants, pursue discovery, or request entry of default judgment prior to the completion of this review process.

5. Prisoners who have had three or more cases dismissed as frivolous, malicious, or failing to state a claim upon which relief may be granted (strikes) will not be permitted to file any further civil actions without prepaying the filing fee unless they are in imminent danger of serious harm. See 28 U.S.C. § 1915(g).
6. Prisoners may not maintain more than two civil actions in forma pauperis at one time, unless the prisoner shows that he or she is under imminent danger of serious physical injury.
7. The case caption (page 1 of this form) must indicate the proper Division for filing. The proper Division is where the alleged wrong(s) occurred. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: *Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux, and Yellowstone Counties*

U.S. District Court Clerk, 601 2nd Avenue North, Suite 1200, Billings, MT 59101

Butte Division: *Beaverhead, Deer Lodge, Gallatin, Madison, and Silver Bow Counties*
U.S. District Court Clerk, 400 N. Main, Butte, MT 59701

Great Falls Division: *Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, and Valley Counties (Crossroads Correctional Center is located in Toole County and all claims arising at CCC should be filed in Great Falls)*

U.S. District Court Clerk, 125 Central Ave. West, Great Falls, MT 59404

Helena Division: *Broadwater, Jefferson, Lewis & Clark, Meagher, and Powell Counties (Montana State Prison is located in Powell County and all claims arising at MSP should be filed in Helena)*

U.S. District Court Clerk, 901 Front St., Ste 2100, Helena, MT 59626

Missoula Division: *Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, and Sanders Counties*

U.S. District Court Clerk, P.O. Box 8537, Missoula, MT 59807

I. Parties to this Complaint

A. Plaintiff

Name: Alex Dean Hamilton

All other names by which you have been known:

Alex Hamilton

ID Number: 203942

Current Institution: Cascade County Detention Center

Address: 3800 N Ulm Frontage Rd. Great Falls,
MT 59404

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (*explain*) BOTH

B. Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1:

Name: Jesse Slaughter § 45-2-101 (55) M.C.A

Job or Title: Great Falls Police Detective

Employer: City of Great Falls

Address: Great Falls Police Department, Park Drive,
Great Falls, MT 59401

☒ Individual capacity ☒ Official capacity

Defendant No. 2:

Name: City of Great Falls
Job or Title: City Government
Employer: State of Montana
Address: #2 Park Dr. South Rm 201
Great Falls, MT 59401

☒ Individual capacity ☒ Official capacity

Defendant No. 3:

Name: Planned Parenthood
Job or Title: Official Detention Subcontracted Medical Agency
Employer: Cascade County Detention Center
Address: 3800 N Ulm. Frontage Rd.
Great Falls, MT 59404

☒ Individual capacity ☒ Official capacity

Defendant No. 4:

Name: Cascade County of Montana
Job or Title: State Government
Employer: State of Montana
Address: _____

☒ Individual capacity ☒ Official capacity

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

II. Basis for Jurisdiction

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

APPENDIX A: PARTIES

DEFENDANT NO. 5:

NAME: Great Falls Tribune
JOB OR TITLE: Reporting and Publishing News/Social Media Outlet
EMPLOYER: Great Falls Tribune
ADDRESS: River Dr. Great Falls, MT 59401

DEFENDANT No 6:

NAME: C.C.D.C OFFICAL(S) COMANDER DAN O'FALLON, AND SHERIFF
BOB EDWARDS

JOB/TITLE ADMINISTRATIVE AND WARDEN OFFICIAL OF THE CASCADE
COUNTY DETENTION CENTER OFFICER(S)
EMPLOYER CASCADE COUNTY DETENTION CENTER 'JAIL'
ADDRESS 3800 NULM FRONTAGE ROAD
GREAT FALLS MT 59404

III. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph.

A. Count I:

1. What federal constitutional or statutory right(s) do you claim is/are being violated by defendants? *Right to privacy and to be secure in my personal Health history. (Life, Liberty, Pursuit of happiness and equal Protection of the law)*
2. What date and approximate time did the events giving rise to your claim(s) occur? *Between July 14th 2017 to July 20th 2017*

3. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe what happened without citing legal arguments, cases, or statutes).

Great Falls Police officer of the city of Great Falls, Detective Jesse Slaughter exposed myself to hatred, contempt, ridicule, degradation, and disgrace in society when he defamatorily released my HIPAA information to the greater public and social media outlets, through the Great Falls Tribune newspaper and social media source to the state of Montana and surrounding areas.

4. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

Detective Jesse Slaughter of the Great Falls Police Department with the Cascade County Detention Center worked together in a collusional Act. Detective Slaughter through a city investigation, obtained information from Planned Parenthood of Cascade County Detention Center (C.C.D.C.) regarding Health Insurance Portability and Accountability Act (HIPAA), and upon his investigational course, he released said (HIPAA) findings to social media through the Great Falls Tribune. The info is not public record, is not released under a conviction, but was in fact released to affect my pre-trial and trial cause. To a defamatory matter insuring prejudice and effect of a jury.

(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must address paragraphs III(A)(1-4) for each count., following the directions under paragraph III.

B. Count II:

RIGHT TO BE FREE FROM

1.) Medical Malpractice (LIFE, LIBERTY, PURSUIT OF HAPPINESS AND EQUAL PROTECTION OF THE LAW)

2.) Between Oct. 18th 2017 to Oct. 31st 2017

3.) Planned Parenthood of (C.C.D.C) denied me readily available on hand and prescribed HIV medication pills that helps maintain the HIV virus from killing me.

4.) Planned Parenthood put my life in danger by denying me my HIV medication. HIV is any of several retroviruses that infect and destroy helper T cells causing the great reduction in their numbers that is diagnostic of AIDS.

C. Count III.

1.) Right to meaningful access to the court and a broader right to petition the government for a redress of one owns grievances.

2.) July 18th 2017 to Present

3.) The officials of C.C.D.C, Commander Dan O'Fallon and Sheriff Bob Edwards denying me access to the courts by refusing myself as a pre-trial detainee, access to legal books research and the ability to cite authority, hindering my right to petition the government for redress for grievances, my right to litigate without interference, In this civil right actions challenging the conditions of my confinement.

4.) Cascade County of Montana Commander Dan O'Fallon and Sheriff Bob Edwards denied me access to the courts invoke and support of policy that denies me a pre trial defendant to meaningful access to the court.

APPENDIX B STATEMENT OF CLAIMS

D. Count IV.

- 1.) Right to be free from harm and injury, RIGHT TO BE FREE FROM PRETRIAL DETENTION THAT IS SUBSTANDARD, OVER CROWDED AND OPPRESSIVE.
- 2.) Its a undisputed fact from July 18th ^{2017, day one} of my incarceration the defendants knowingly, purposely, subjected me to substandard overcrowding oppressive incarceration.
- 3.) From July 18th 2017, day one on my incarceration to present date, I've been forced to suffer oppressive substandard incarceration. In addition on Sept. 4th 2017, I was subject to a mass attack the general population of the unit I live in. On that day, I was inadvertently pepper sprayed. This excessive use of force blinded me, causing my skin to burn, made it hard to breathe, had coughing fits, aggravating substandard condition. I was never asked nor was it ever offered medical attention. For approximately 7 hours I was forced to suffer the affects of the pepper spray. The only relief water and the defendants turned that off.
- 4.) Cascade County of Montana employees Commander Dan O'Fallon and Sheriff Bob Edwards to run C.C.D.C. These officials are responsible of the actions of thier subordinates who subjected me to excess force on Sept. 4th 2017.

IV. Injuries Count I

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. (Do not cite legal arguments, cases, or statutes). Attach additional pages if needed.

I was exposed to hatred, contempt, ridicule, degradation and disgrace in society. This caused injury to my personal life, business and occupation.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Count I. I would like the individuals responsible for releasing my private information to be prosecuted to the extent of the law. In pain and suffering for the emotional distress this has caused me, I would like \$750,000 and \$1.5 million to help pay for many years of therapy for the mental anguish I have endured while incarcerated at the Cascade County Detention Center.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

VI. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?



Yes



No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Cascade County Detention Center

Count II, Injury

The correctional facility health provider knowingly put my life in danger by refusing me life sustaining T cell helper prescribed medication.

Count III. Injury

Is meant to actually prevent myself pursuing legal claims, with the hope to cause the dismissal of any and all viable actions. Thereby, denying meaningful access to the court injury.

Count IV. Injury

My injury is being denied life, liberty, Pursuit of happiness, and equal protection of the law. Being kept safe while awaiting jury trial. The injury of anxiety, concern, and oppression is inherent in substandard incarceration. In turn I suffered the injuries of being peppersprayed that causes my eyes to burn, swell shut, and blinded me, Caused my skin to burn and rash. Made it hard to breathe and had coughing fits. In addition I was denied medical attention and the only thing that could help was water but was turned off by defendant subordinates.

APPENDIX D: REQUEST FOR RELIEF

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Cont. Count I Also, for violating my constitutional right for privacy of my medical Information.

Count II. I would like for the staff of Planned Parenthood to be re-trained and maintain a policy for inmates that have and take medication. Regardless of the cost of the medication, Planned Parenthood needs to have any and all prescribed medication readily available on hand. I would like \$750,000 for being denied my prescribed medication and additional \$1.5 million for everyday I was denied. I was denied my medication for 10 days. Not to mention, those 10 days without medication cost me years off my life that I cannot get back.

Count III. Being denied access to law books, I would like \$750,000 for not being able to assist in my defense in my criminal case, which could have changed the outcome. Also, \$1.5 million for the occurrence.

Count IV. I would like \$750,000 for being forced to suffer oppressive substandard incarcerated. Also, \$1.5 million for the occurrence.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes ☐ No ☐ Do not know

C. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes ☒ No

D. If you did file a grievance answer the following questions:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

E. If you did not file a grievance, answer the following questions:

1. If there are any reasons why you did not file a grievance, state them here:

I'm pre-trial and not convicted.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

F. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(NOTE: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VII. Plaintiff's Declaration

- A. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
- B. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.
- C. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:
- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
 - birth dates must include the year of birth only (e.g., xx/xx/2001); and
 - names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information.

- D. I understand the submission of a false statement or answer to any question in this complaint may subject me to penalties for perjury. I declare under penalty of perjury that I am the Plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.
- E. This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

Executed at Cascade County Detention Center on July 21st, 2018.
(Location) (Date)

Signature of Plaintiff: 

Printed Name of Plaintiff: Alex Hamilton

Prison Identification #: _____

Prison Address: 3800 N Ulm Frontage Rd.

Great Falls MT 59404
City State Zip Code